

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

5 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the
10 invention entitled SURGICAL SUTURING INSTRUMENT AND METHOD OF USE, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified
15 specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

20 I hereby claim priority benefits under Title 35, United States Code, Section 120 of United States

Patent Application Serial No. 09/818,300, filed
03/27/01 for SURGICAL SUTURING INSTRUMENT AND METHOD
OF USE by Gregory E. Sancioff et al.

5 I hereby claim priority benefits under Title 35,
United States Code, Section 119(e), of United States
Provisional Patent Application Serial No. 60/242,166,
filed 10/20/00 for SURGICAL SUTURING INSTRUMENT AND
METHOD OF USE by Frederic P. Field et al.

10 I hereby claim priority benefits under Title 35,
United States Code, Section 119(e), of United States
Provisional Patent Application Serial No. 60/241,936,
filed 10/20/01 for SURGICAL SUTURING INSTRUMENT AND
METHOD OF USE by Bruce B. Adams et al.

15 I hereby appoint Pandiscio & Pandiscio, a firm
composed of Nicholas A. Pandiscio, Registration No.
17293, Mark J. Pandiscio, Registration No. 30883,
Scott R. Foster, Registration No. 20570, and James A.
Sheridan, Registration No. 43114, or any of them, of
470 Totten Pond Road, Waltham, Massachusetts 02451-
20 1914, (Telephone No. 781-290-0060), my attorneys with
full power of substitution and revocation, to

prosecute this application and to transact all
business in the U. S. Patent and Trademark Office
connected therewith.

5 I hereby declare that all statements made herein
of my own knowledge are true and that all statements
made on information and belief are believed to be
true; and further that these statements were made with
the knowledge that willful false statements and the
like so made are punishable by fine or imprisonment,
10 or both, under Section 1001 of Title 18 of the United
States Code and that such willful false statements may
jeopardize the validity of the application or any
patent issued thereon.

15 Inventor's signature: _____
Inventor's full name: Frederic P. Field
Date: _____
Residence: 5 Woodland Road
North Hampton, NH 03862
20 Post Office Address: Same
Citizenship: USA

Inventor's signature: _____

Inventor's full name: Douglas A. Fogg

Date: _____

5 Residence: 15 South Pleasant Street

Merrimac, MA 01860

Post Office Address: Same

Citizenship: USA

10

Inventor's signature: _____

Inventor's full name: Gregory E. Sancioff

Date: _____

Residence: 120 Mill Road

15 North Hampton, NH 03862

Post Office Address: Same

Citizenship: USA

20

ALS/ONUX17.APP

ONUX-17

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10 invention entitled SURGICAL SUTURING INSTRUMENT AND METHOD OF USE, the specification of which was filed on 10/19/2001, accorded Serial No. 10/039,601 and is identified by Attorney's Docket No. ONUX-17.

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15 understand the contents of the above-identified specification, including the claims.

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20 Federal Regulations, Section 1.56(a).

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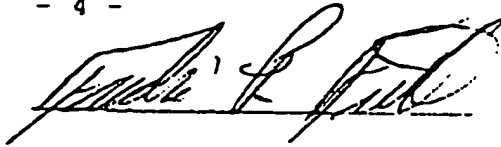
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States Code and that such willful false statements may
jeopardize the validity of the application or any
15 patent issued thereon.

Inventor's signature:



Inventor's full name:

Frederic P. Field

Date:

5-14-02

Residence:

5 Woodland Road

North Hampton, NH 03862

Post Office Address:

Same

Citizenship:

USA

Inventor's signature:



Inventor's full name:

Douglas A. Fogg

Date:

5-14-02

Residence:

15 South Pleasant Street

Merrimac, MA 01860

Post Office Address:

Same

Citizenship:

USA